PTO/SB/21 (09-04) Approved for uso through 07/31/2006. OMB 0651-0031.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/766.634 Filing Date TRANSMITTAL 01/27/2004 First Named Inventor **FORM** RABINOWITZ, Joshua D. Art Unit Examiner Name HAGHIGHATIAN, Mina (to be used for all correspondence after initial filing) Attorney Docket Number 00033.03CON Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC |√| Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) PTO/SB/25 Terminal Disclaimer (1 pp.) Reply to Missing Parts/ PTO/SB/25 Terminal Disclaimer (1 pp.) PTO/SB/17 Fee Transmittal (1 pp., 2 copies) Incomplete Application Reply to Missing Parts Response to Office Action (2 pp.) Return Postcard under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name ALEXZA Molecular Delivery Corporation, 1001 E. Meadow Circle, Palo Alto, CA 94303 Signature Printed name William L. Leschensky Date Reg. No. February 14, 2005 38,951 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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William L. Leschensky

Typed or printed name

Date

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Effective on 12/08/2004.		Complete if Know
fursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/766,634
FEE TRANSMITTAL	Filing Date	01/27/2004
For FY 2005	First Named Inventor	RABINOWITZ, Jo

shua D. **Examiner Name** HAGHIGHATIAN, Mina Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1616 TOTAL AMOUNT OF PAYMENT (\$) 130.00 00033.03CON Attorney Docket No.

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502731 Deposit Account Name: ALEXZA Molecular Delivery For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s	·				·		cept for the filling fee
			ents of fee(s				sept for the ming fee
under 37 CFI warning: Information on thi	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION							
1. BASIC FILING, SEAI	FILING		SEARCH	H FEES		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$) 25 25 100							
Multiple dependent o		(c)	D	_:_/ (e)		360	180 ependent Claims
Total Claims - 20 or HP =	Extra Clair	ms <u>Fee (\$)</u> x	= Fee F	aid (\$)		Fee (\$)	Fee Pald (\$)
HP = highest number of tota Indep. Claims - 3 or HP =	Extra Clair	or, if greater than 20 ms Fee (\$)	<u>Fee Pa</u>	aid (\$)			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): 2 - Terminal Disclaimers 37 CFR 1.20(d)					\$130.00		

SUBMITTED BY					
Signature	WM Jenlenda	Registration No. (Attorney/Agent) 38,951	Telephone (650) 687-3926		
Name (Print/Type)	William L. Leschensky		Date February 14, 2005		

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